CSR 52434

**Print Form** 

# NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen. Completely fill in one circle. Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS before submitting or form will be returned

I Reporting Inf	formation				FOR OFFICE USE	ONLY
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Client Filing Fee Check	Number:				450 REC	SEIVED JUL 367313
Il Client Inform	gition				LIII	
	Wine Wholesalers, Ltd (N	M				
Permanent Business	Address: 575 Underhill B	oulevard. Suite 21	6			
City: Syosset			State:	NY		ZIP code:11791
Business Phone:((201)	200-1801		Fax N	-	)er	zir code.11/91
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threshold was exceede	ed by that individual or o	organization.	client mu	ust b	e reported below	regardless of whether the
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Level of Gov't:	⊗ State Lobbying	O Local Lob	bying	0	Both	and a sign of the second secon
Name: Harter Secre	est & Emery LLP				Phone Number:	
Address: 1600 Baus	sch & Lomb Place					
City: Rochester					State: NY	ZIP code:14604
Compensation fo	r current period: \$30,	.000	0			
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#### Source of Funding Disclosure Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution Contributions from Single Source # 6 Single Source Entity's Name: Opici Wine Co. of New York or Single Source Person's Last Name: First Name: Address: 3 Manhattanville Road City: Purchase State: NY ZIP code: 10577 Phone: 800-648-9463 Date Contribution Received: 03 / 06 / 2013 Amount of Contribution: \$ 3,057.57 .00 Date Contribution Received: 1 1 Amount of Contribution: \$ .00 Date Contribution Received: 1 Amount of Contribution: \$ .00 Date Contribution Received: Amount of Contribution: \$ .00 Date Contribution Received: Amount of Contribution: \$ .00 Check here if using section V(C) of the Addendum for additional Contributions: 0 Contributions from Single Source # 7 Single Source Entity's Name: Polaner Selections or Single Source Person's Last Name: First Name: Address: 19 North Moger Avenue, Suite B City: Mt. Kisco State: NY ZIP code: 10549 Phone: 914-244-0404 Date Contribution Received: 03 / 11 / 2013 Amount of Contribution: \$ 3,057.57 .00 Date Contribution Received: Amount of Contribution: \$ .00 Check here if using section V(C) of the Addendum for additional Contributions: 0 Contributions from Single Source #8 Single Source Entity's Name: Vias Imports Ltc. Single Source Person's Last Name: First Name: Address: 875 Sixthe Avenue, Suite 22 City: New York ZIP code: 10001 State: NY Phone: 212-629-0200 Date Contribution Received: Amount of Contribution: \$ 3,057.57 03 / 11 /2013 .00 Date Contribution Received: 1 Amount of Contribution: \$ .00 Date Contribution Received: Amount of Contribution: \$ .00 Date Contribution Received: Amount of Contribution: \$ .00 Date Contribution Received: Amount of Contribution: \$ .00 Check here if using section V(C) of the Addendum for additional Contributions: 0

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#### V Source of Funding Disclosure Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution Contributions from Single Source # 9 Single Source Entity's Name: Winebow Inc. or Single Source Person's Last Name: First Name: Address: 236 West 26th Street, Suite 401 City: New York State: NY ZIP code: 10001 Phone: 800-445-0620 Date Contribution Received: / 04 03 / 2013 Amount of Contribution: \$ 3,057.57 .00 Date Contribution Received: Amount of Contribution: \$ .00 Check here it using section V(C) of the Addendum for additional Contributions: 0 Contributions from Single Source # 10 Frederick Wildman Single Source Entity's Name: or Single Source Person's Last Name: First Name: Address: 307 East 53rd Street City: New York State: NY ZIP code: 10022 Phone: 212-355-0700 Date Contribution Received: 03 / 18 / 2013 Amount of Contribution: \$ 3,057.57 .00 Date Contribution Received: Amount of Contribution: \$ .00 Check here if using section V(C) of the Addendum for additional Contributions: 0 Contributions from Single Source # 11 Single Source Entity's Name: Fleetwood Forwarding or Single Source Person's Last Name: First Name: Address: 100 Central Avenue, Bldg. 21 City: So. Kearny ZIP code: 07032 State: NJ Phone: 973-817-8970 Date Contribution Received: 03 / 22 / 2013 Amount of Contribution: \$ 3,057.57 .00 Date Contribution Received: Amount of Contribution: \$ .00 Date Contribution Received: Amount of Contribution: \$ .00 Date Contribution Received: Amount of Contribution: \$ .00 Date Contribution Received:

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declare under penalty of perjury that the orrect, and complete to the best of my	plinistrative Officer. (If the Chief Administrative Officer, for any a quother person to sign this Declaration.) (See Instructions.) the information contained in this report is true, knowledge and belief.  DATE: 7)
PRINT NAME: LAST: WALDENBERG TITLE: PRESIDENT	The state of the s

-You must attach a \$50 dollar filing fee to each semi-annual report. (No fee is required for amendments to the original)

If applicable, a designation letter if you have marked designee in section XI.

—If applicable, continuation sheets for sections III,IV,V,VI,VII,VIII,IX and X.

PLEASE NOIE You may be assessed up to \$25 for each day this report is late.